

Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	110+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line Town Rd	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	90+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	80+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	850+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	70+ Feet	Setback to Well	20+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0485		Permit Date: 11-4-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Well staked. Meets all setbacks.		Zoning District (R-1) Lakes Classification (NA)		
Date of Inspection: 10-30-14		Inspected by: M. Fucile		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.		Date of Re-inspection:		
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.				
Signature of Inspector: Michael Guedes		Date of Approval: 11-3-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

dog kennel
& Runs

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SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Rec'd (Received)
NOV 03 2014
Bayfield Co. Zoning Dept.

ENTERED

Permit #: 14-6427
Date: 11-4-14
Amount Paid: \$75 11-3-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: <u>Bobbi J. McCauley</u>		Mailing Address: <u>16895 Old D Rd Cable, WI 54821</u>		City/State/Zip: <u>Cable, WI 54821</u>		Telephone: <u>798-715</u>							
Address of Property: <u>same</u>		City/State/Zip: <u>Cable, WI 54821</u>		City/State/Zip: <u>Cable, WI 54821</u>		Cell Phone: <u>798-4469</u>							
Contractor: <u>Jeremy Tuck</u>		715		Contractor Phone: <u>798-4343</u>		Plumber: <u>798-4343</u>							
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u>798-4343</u>		Agent Mailing Address (include City/State/Zip):		Plumber Phone: <u>798-4343</u>							
PROJECT LOCATION: <u>N 1/4, SE 1/4</u>		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-013-3-43-07-15-4</u>		Recorded Document: (I.e. Property Ownership) <u>1133</u>							
Gov't Lot: <u>1/4</u>		Lot(s): <u>1/4</u>		CSM: <u>1/4</u>		Vol & Page: <u>3</u>		Lot(s) No.: <u>3</u>		Block(s) No.: <u>3</u>		Subdivision: <u>Pineview Plat</u>	
Section: <u>15</u> , Township: <u>43</u> N, Range: <u>7</u> W		Town of: <u>Cable</u>		Lot Size: <u>1.5</u>		Acreage: <u>1.5</u>							
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: <u> </u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: <u> </u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Value at Time of Completion * include donated time & material <u>\$ 17,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Conv</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conv</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conv</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>24</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>24</u>	Width: <u>24</u>	Height: <u>16</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Porch	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with (2 nd) Deck	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	with Attached Garage	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	Accessory Building (specify) <u>garage</u>	(<u>24</u> X <u>24</u>)	<u>576</u>
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> NOV 04 2014	<input type="checkbox"/>	Special Use: (explain) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Conditional Use: (explain) _____	<input type="checkbox"/>	Other: (explain) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bobbi J. McCauley Date 10-30-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach ✓
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
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See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	120' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line Town Rd	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	40' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	150' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	8' Feet	Setback to Well	50 Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):	Reason for Denial:					
Permit #: 14-0407	Permit Date: 11-4-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Well stated. Meets all setbacks.						
Date of Inspection: 10-3-14	Inspected by: M. Fritsch					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
May not be used for human habitation. No water under pressure in structure.						
Mr plumbing fixtures in structure.						
Signature of Inspector: Michael G. Gude						
Date of Approval: 11-3-14						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

LANDS

OLD C.T.H. 'D'

-1-
1.67 A

-2-
1.55 A

-4-
1.50 A

C.T.H. 'M'

STONE PINE

